

Amended Application

252141

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2014 - 239 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Statewide moving and storage LLC

(Please type or print)

Submitted by: Cameron Bright

Telephone: (843) 480-7343

Address: 1228 Cosmos Rd
Summerville S.C 29483

Fax: (843) 266-1487

Other: _____

Email: Qualitymoving@rocketma

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JUN 02 2014

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

top
5/15

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 5-5-14

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Statewide moving and Storage LLC

1228 Cosmos Rd Summerville S.C 29483

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 480-7343

Phone

(843) 266-1487

FAX

Qualitymoving@Rocketmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Cameron Bright

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month _____ Year _____

Assets:

Cash	\$10,000
Receivables	
Real Estate	\$3,500
Buildings and Equipment (Net)	\$2,500 Equipment
Motor Vehicles (Net)	
Garage Equipment (Net)	\$250.00
Machinery and Tools (Net)	\$500.00
Supplies on Hand	150.00
Prepays and Other Assets	
Total Assets *	\$16,900
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	\$16,900
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Statewide moving and Storage LLC
Name of Applicant

1228 Cosmos Rd Summerville S.C 29483
Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

See Attached

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Account Summary For STATE WIDE MOVING AND STORAGE LLC



Quote #: 2558673

Status:

Policy Type: TR

Originally Quoted: 1/01/1800 12:00 AM
 Quote Printed: 5/30/2014 12:14 PM EDT
 Proposed Effective: 4/29/2014 12:00 AM
 Proposed Expiration: 4/29/2015 12:00 AM

Quoted By: GEICO Online Commercial Rater

One GEICO Blvd
 Fredericksburg, VA 22412

geicocommquote@geico.com

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	750,000 CSL	2,025
7	UM - BIPD	500,000 CSL	97
7	UIM - BIPD	500,000 CSL	95
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	697
	Total Ins Value	15,000	
7A	Cargo		2,452
Total			\$5,386.00

Revision: 715C2014R02

Vehicle Information

NICO-Rate Version: 8.3.31.109

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lease	Unit Sub
1 2012 FORD ECONOLINE Comp/Coll: \$15,000 Radius: Up to 100 Miles Cargo Limit: \$2,500	1,905	97	95	N/A	697	69	N/A	2,863
	Deductible: 500/500							
2 2007 ENCLOSED OTHER Radius: Up to 100 Miles Cargo Limit: \$100,000								
	Cargo Deductible: 1,000							
	120	N/A	N/A	N/A	N/A	2,383	N/A	2,503
	Cargo Deductible: 1,000							

NI National
 Indemnity
 Company
 — Since 1940 —

Exhibit Fit, Willing, and Able (FWA)

Statewide moving and Storage LLC
Name

2447988

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Camara Brigit

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Charleston)

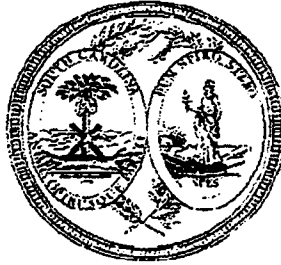
SWORN TO BEFORE ME

This 30th day of may, 2014

[Signature]
Notary Public

Commission Expires 1-2-23

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

STATEWIDE MOVING AND STORAGE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 12th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
12th day of November, 2013.

A handwritten signature in black ink that reads "Mark Hammond".
Mark Hammond, Secretary of State



City of Charleston, South Carolina

50834

BUSINESS LICENSES

2014

A LICENSE IS HEREBY GRANTED TO:
ACCOUNT NUMBER

DATE OF ISSUE		
MO	DAY	YEAR
08	01	14

— CLASS —
3-4212

STATEWIDE MOVING AND STORAGE, LLC

2178 A SAVANNAH HWY STE E
CHARLESTON, SC 29407

Location: 2178 SAVANNAH HWY UNIT E

THIS LICENSE IS ISSUED ON THE PETITION OF THE APPLICANT, WHO ASSUMES ALL RESPONSIBILITY OF COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS. THE CITY WILL MAKE NO REFUND IF SUCH LAWS PREVENT OR RESTRICT THE TRADE, BUSINESS, OR PROFESSION HEREIN LICENSED.

THIS LICENSE MUST BE PLACED IN THE FRONT WINDOW; OR, IF THERE BE NO SUCH WINDOW, THEN IN A CONSPICUOUS PART OF THE BUSINESS PLACE.

Alan D. Honez

FOR REVENUE COLLECTIONS DIRECTOR
CHARLESTON, SOUTH CAROLINA



City of Charleston, South Carolina

50834

APPLICATION FOR BUSINESS LICENSE RECEIPT

License fees are due on or before January 31, annually. A penalty of five (5%) percent of the unpaid fee is assessed beginning February 1 and an additional (25%) beginning March 1, and (5%) per month thereafter until a penalty of (55%) accrues.

IF INFORMATION LISTED IN HEADING IS CORRECT, CHECK HERE ☐ IF NOT, PLEASE CORRECT AS NECESSARY FOR RENEWAL OF LICENSE. VERIFY ALL INFORMATION LISTED AND THEN COMPLETE APPLICATION AS REQUIRED. ALL ITEMS MUST BE COMPLETED TO AVOID DELAY IN PROCESSING APPLICATION.

DATE OF ISSUE		
MO	DAY	YEAR
08	01	14

— CLASS —
3-4212

LICENSE FEE \$ 22.49
PENALTY \$ 0.00
TOTAL DUE \$ 22.49

AMOUNT PAID \$ 0.00
THIS APPLICATION IS FOR:

- ☐ NEW BUSINESS BEGINNING ☐ CORPORATION
☐ LICENSE RENEWAL ☐ PARTNERSHIP ☐ LOCATION CHANGE ☐ INDIVIDUAL
☐ OWNERSHIP CHANGE ☐ PARTNERSHIP ☐ LOCATION CHANGE ☐ INDIVIDUAL
PLEASE REFER TO ORDINANCE FOR INSTRUCTIONS

STATEWIDE MOVING AND STORAGE, LLC

2178 A SAVANNAH HWY STE E
CHARLESTON, SC 29407

Location: 2178 SAVANNAH HWY UNIT E

SEE SCHEDULE OF LICENSE FEES.

RATE
SCHEDULE

- A Total gross Receipts for preceding calendar year ending December 31, 2013 or for last preceding fiscal year period: \$ 0.00
- B From 08/01/14 To 07/31/15 ALLOWABLE ORDINANCE DEDUCTIONS (Itemize on a separate sheet and attach hereto): \$ 0.00
- C SALES FOR LICENSE PURPOSES, SEE SECTION 2D: \$ 1,000.00
- D PLEASE PUT SOUTH CAROLINA TAX COMMISSION RETAIL NUMBER HERE IF APPLICABLE. FAILURE TO DO SO WILL REQUIRE RETURNING APPLICATION WITH POSSIBLE PENALTY.
- E FED. IDENTIFICATION NO. CASH.

CERTIFICATION OF APPLICANT

I (WE) DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, THAT THE GROSS INCOME IS ACCURATELY REPORTED, OR ESTIMATED FOR A NEW BUSINESS, WITHOUT ANY UNAUTHORIZED DEDUCTIONS, AND THAT ALL ASSESSMENTS AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE CITY HAVE BEEN PAID. I AGREE THAT ALL ORDINANCES RELATING TO BUILDING, ELECTRICAL, PLUMBING, FIRE, AND ZONING CODES MUST BE COMPLIED WITH BEFORE THIS LICENSE CAN BE ISSUED AND FOR THE DURATION OF THE LICENSE.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

TITLE

PHONE NUMBER

KEEP ABOVE COPY OF APPLICATION INFORMATION FOR YOUR RECORD

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Cameron Bright, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 30 day of August, 2014

Debra L Crocker

Notary Public

Cameron Bright

Applicant's Signature

Commission Expires

June 18, 2024

Print Application

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Cameron Birt
Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

SWORN TO BEFORE ME
This 30 day of August, 2014

Melissa L. Crocker
Notary Public

Commission Expires June 18, 2024

• USDOT Number MC/MX Number Name

Enter Value: 2447988

Search

Company Snapshot

STATEWIDE MOVING AND STORAGE LLC

USDOT Number: 2447988

ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing & Insurance](#)

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 08/19/2014. Carrier VMT Outdated.

Entity Type: Carrier													
Operating Status: ACTIVE	Out of Service Date: None												
Legal Name: STATEWIDE MOVING AND STORAGE LLC													
DBA Name:													
Physical Address: 1228 COSMOS RD SUMMERVILLE, SC 29483													
Phone: (843) 480-7343													
Mailing Address: 1228 COSMOS RD SUMMERVILLE, SC 29483													
USDOT Number: 2447988	State Carrier ID Number:												
MC/MX/FF Number(s):	DUNS Number: -												
Power Units: 2	Drivers: 5												
MCS-150 Form Date: 10/27/2013	MCS-150 Mileage (Year):												
Operation Classification:													
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td><input type="checkbox"/> Priv. Pass.(Non-business)</td> <td><input type="checkbox"/> State Govt</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td><input type="checkbox"/> Migrant</td> <td><input type="checkbox"/> Local Govt</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td><input type="checkbox"/> U.S. Mail</td> <td><input type="checkbox"/> Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass.(Business)</td> <td><input type="checkbox"/> Fed. Govt</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Govt	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Govt	<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation	<input type="checkbox"/> Priv. Pass.(Business)	<input type="checkbox"/> Fed. Govt	
<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Govt											
<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Govt											
<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation											
<input type="checkbox"/> Priv. Pass.(Business)	<input type="checkbox"/> Fed. Govt												
Carrier Operation:													
<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)												
	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)												
Cargo Carried:													
General Freight	Liquids/Gases	Chemicals											
<input checked="" type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk											
Metal: sheets, coils, rolls	Passengers	Refrigerated Food											
Motor Vehicles	Oilfield	Beverages											
Drive/Tow away	Equipment	Paper Products											
Logs, Poles, Beams, Lumber	Livestock	Utilities											
Building Materials	Grain, Feed, Hay	Agricultural/Farm Supplies											
Mobile Homes	Coal/Coke	Construction											
Machinery, Large Objects	Meat	Water Well											
Fresh Produce	Garbage/Refuse												
	US Mail												

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 08/19/2014

Total Inspections: 0

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:			
	Vehicle	Driver	Hazmat	IEP
Inspections	0	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	0%	0%
Natl Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 08/19/2014

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Type	Crashes:			
	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 08/19/2014

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:	
	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 08/19/2014

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Type	Crashes:			
	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 08/19/2014

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

260-140T

NOTICE: THIS AGREEMENT IS SUBJECT TO ARBITRATION AS ALLOWED UNDER THE SOUTH CAROLINA UNIFORM ARBITRATION ACT (S.C. CODE 15-48-10 ET. SEQ.). ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE CONTRACT, OR THE BREACH THEREOF, SHALL BE SETTLED IN CHARLESTON, SOUTH CAROLINA (S.C. CODE § 15-48-240) IN ACCORDANCE WITH THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION, AND JUDGEMENT UPON THE AWARD RENDERED BY THE ARBITRATOR(S) MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF.

JONES Ford, INC. FAIR PEOPLE. FAIR PRICES.

5757 RIVERS AVE., NORTH CHARLESTON, SC 29406 PHONE (843) 744-3311

ORDER # 233 915 SALESPERSON # SSY NAME *Ngles* DATE 5-1-14

BUYER *STATE-WIDE MOVING & STORAGE LLC* DOB

STREET ADDRESS *1228 COSMOS Rd* PHONE (H) *480-7343* (W)

CITY *Summerville* STATE *S.C.* ZIP CODE *29483* COUNTY *Beck*

SSN EMPLOYER

WSD		PLEASE ENTER MY ORDER FOR THE FOLLOWING:		WARRANTY, IF ANY, IS DISCLOSED IN SIGNED WARRANTY INFORMATION STATEMENT.		
		NEW <input checked="" type="checkbox"/>	DEMO <input type="checkbox"/>	USED <input type="checkbox"/>	PROGRAM <input type="checkbox"/>	
RETAIL <input type="checkbox"/>	LEASE <input type="checkbox"/>	UNIT SOLD		UNIT TRADED		SALES PRICE
STOCK NO.		DD309618				ADD DEALER INSTALLED ITEMS
YEAR MODEL		2013				TOTAL SELLING PRICE
MAKE		Ford				LESS TRADE ALLOWANCE
SERIES		E-350				DIFFERENCE
BODY STYLE		Box Truck Van				SOUTH CAROLINA SALES TAX
COLOR(S)		WHITE				LUXURY TAX
DDOM. READING		178				NEW TAGS <input type="checkbox"/> TRANSFER <input type="checkbox"/>
SERIAL #		18				SUBTOTAL
DEALER TO INSTALL ITEMS YES <input type="checkbox"/> NO <input type="checkbox"/>		PRICE				ADD PAYOFF ON TRADE
						EXTENDED SERVICE POLICY
						TOTAL CASH DUE AT DELIVERY
TOTAL PRICE DEALER INSTALLED ITEMS						DEPOSIT (RECEIPT #)
LIEN INFORMATION NEW VEHICLE						A DEPOSIT DOES NOT CONSTITUTE A BINDING CONTRACT
LIENHOLDER						CASH PAID ON DELIVERY (RECPT. #)
ADDRESS						CASH DUE ON (DATE)
CITY, STATE, ZIP						INCENTIVES
INS. CO.		COLLISION: DEDUCTIBLES: COMP.				TOTAL BALANCE
POLICY NO.		VERIFIED BY:				WE WILL PAY OFF YOUR TRADE:
EFF. DATES — FROM: TO:		TALKED TO (FULL NAME):				LIENHOLDER
AGENT		DATE: TIME:				MAILING ADDRESS
AGENT'S PHONE						CITY, STATE, ZIP
MAILING ADDRESS						PHONE # TALKED TO (FULL NAME):
CITY, STATE, ZIP						VERIFIED BY: DATE: TIME:
ACCEPTED FOR JONES FORD, INC.						AMT. OF PAYOFF GOOD UNTIL
Order not valid until accepted by an official of the company) By: <i>[Signature]</i>						ACCT # ACV
I warrant that the balance owed on my trade-in is correct as stated above, that there are no other liens other than those listed, and that if the actual amount is greater I will reimburse Jones Ford, Inc. I understand that if the amount is less, the difference will be refunded to me.						2ND LIEN (YES <input type="checkbox"/> NO <input type="checkbox"/> AMT. \$
I warrant that said vehicle has not been reconstructed or rebuilt or otherwise altered so as to cause frame repair or restructuring of the body.						TRADE ALLOWANCE
Under the Fair Credit Reporting Act, I grant permission to check my credit sources and references. I agree to conditions stated in this Vehicle Order. I am 18 years of age or older.						BALANCE OWED ON TRADE
CUSTOMER'S SIGNATURE: _____						TRADE EQUITY
						PREVIOUS CUSTOMER <input type="checkbox"/> TV <input type="checkbox"/> RADIO <input type="checkbox"/> NEWSPAPER <input type="checkbox"/>

41632.00

36,871

30240

145

37,316

4000.00

3,000

1,000

29,116



City of Charleston - Business License Certificate of Occupancy

The location listed below is hereby granted a Business License Certificate of Occupancy pursuant to the requirements of the Revenue Collections Office and the Municipal Code of the City of Charleston, SC. The certificate does not certify that the building or occupancy meets the requirements of the Building or Fire Code but is solely issued for Business License purposes. The certificate is non-transferable and is valid as long as the facility is used as described below, until change of name, use, or ownership, or revoked by the Chief Building or Chief Fire Official. Use of this facility is limited by law. Occupancy or use contrary to the terms listed below may be considered dangerous and unlawful and will result in criminal prosecution. Commercial establishments approved for on-premises alcohol consumption shall not operate between 2AM and 6AM on Mondays through Saturdays.

Occupancy Name:	Statewide Moving and Storage, LLC
Occupancy Address:	2178 Savannah Hwy Unit E
Occupancy Classification:	Storage (S-1 or S-2 noted below)
Business Owner Name:	Cameron Bright
Owners Phone & Address:	(843)480-7343; 2178-A Savannah Hwy Unit E, Charleston, SC 29414
Hours of Operation:	7:00am-5:00pm
On-premises alcohol:	Consumption was not applied for with the City.
Special Conditions:	Storage: S-1
Occupant Load by Area:	132 Sq. Ft

Maximum Occupant Load: *1*

Edye Graves

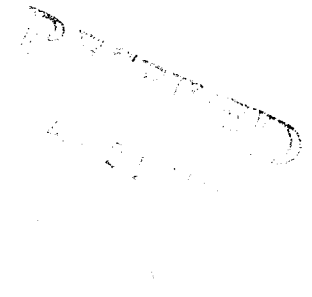
Edye Graves, Chief Building Official

Michael A. Julazadeh

Michael A. Julazadeh, Chief Fire Marshal

Certificate must be framed and posted within ten feet of the primary entry door, or approved alternate location, with the top of the frame measuring no higher than 6 feet above the floor, and in immediate view of the public. Any person willfully destroying or removing this certificate will be punished to the maximum extent of the law.

Statewide Moving And Storage LLC
South Carolina Household Goods Tariff



**REGULATIONS AND SCHEDULE OF CHARGES
APPLICABLE
TO CERTAIN INTRASTATE HOUSEHOLD GOODS
MOVES
WITHIN THE STATE OF SOUTH CAROLINA**

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Statewide Moving And Storage LLC

Applicability of Tariff

This tariff contains the regulations and rates applicable to the provision of intrastate household goods moved by Statewide Moving And Storage LLC . These services are furnished between points and places in Charleston, Dorchester, and Berkley counties.

Date Proposed 8-11-14

Date Effective 9-10-14

Statewide Moving And Storage LLC

SECTION 1

1.0 Transportation Charges

Transportation Charges include the hourly rates as listed below.

1.1 Hourly Rates and Charges

Moves will be conducted on a “straight time” basis, with a minimum hourly charge as set out below plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Statewide Moving And Storage LLC office location, and includes the movers estimate return time to the office location.

Number of Movers**Hourly Rate**

Two Men and a Truck	\$90.00
Three Men and a Truck	\$120.00
Four Men and a Truck	\$140.00
Each Additional Man	\$20.00 per man/per hour

1.2 Office Hours / Minimum Hourly Charges:

Statewide Moving And Storage LLC will operate Monday – Friday, 8:00 am – 6:00 pm and Saturday and Sunday from 8:00am – 4:00pm.

Monday- Friday	Two-Hour Minimum Charge
Saturday- Sunday	Three-Hour Minimum Charge
Recognized Federal Holidays	Three- Hour Minimum Charge

After the minimum hourly charge, the hourly rates are calculated in fifteen-minute increments. Any interim charge is rounded up to the next fifteen-minute increment. If customers cancel within 48 hours of their move, Statewide Moving And Storage LLC will charge the applicable minimum. Hourly rates are the same, seven days a week, 24 hours a day, in every season of the year. Customers are not charged an additional fee for overtime labor.

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Date Proposed 8-11-14

Date Effective 9-10-14

Statewide Moving And Storage LLC

SECTION 2**2.0 ADDITIONAL SERVICES**

The following charges shall be assessed in addition to the hourly rates quoted in Section 1 of this tariff, in connection with a move involving additional items:

2.1 Bulky Article Charges (per item)

- Floor Model Television (48" or above) - \$120
- Pool Tables- \$275
- Gun cabinet - \$90
- Steel Gun Cabinet (in excess of 400 lbs.) - \$150
- Hot Tubs, Whirlpools - \$250
- Riding Lawnmowers- \$120
- Freezers - \$90
- Flat Screen Televisions (41" or above) \$70.00
- Golf Carts \$150

2.2 Elevator or Stair Carry

Statewide Moving And Storage LLC does not charge an additional fee for elevator or stair carry, except as specified in Section 2.1 above.

2.3 Excessive Distance or Long Carry Charges

Statewide Moving And Storage LLC does not charge an additional fee for carrying articles an excessive distance to or from the motor vehicle.

2.4 Pick Up and Delivery

Statewide Moving And Storage LLC does not charge an additional fee for making additional pick-ups or deliveries after the initial stop.

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Statewide Moving And Storage LLC

2.5 Packing and Unpacking

2.5.1 Statewide Moving And Storage LLC does not charge an additional fee for packing and unpacking. The packing rate is the same as the hourly rate listed in Section 1; plus the market price of packing materials, including sales tax on the materials.

2.5.2 Statewide Moving And Storage LLC is not responsible for items packed by the customer. Boxes containing fragile or breakable items must be properly labeled. Statewide Moving And Storage LLC reserves the right to decline any moves consisting of extremely large or fragile items.

2.6 Piano Charges

Statewide Moving And Storage LLC will not move pianos.

2.7 Articles, Special Servicing

The rates and charges in this tariff do not include servicing or connection of appliances such as freezers, refrigerators, computer equipment, washers, dryers, televisions, and similar articles.

2.8 Waiting Time

The customer is charged the rates specified in Section 1 for all waiting time or delays which are not the fault of Statewide Moving And Storage LLC.

Date Proposed 8-11-14

Date Effective 9-10-14

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Statewide Moving And Storage LLC

SECTION 3

3.0 RULES AND REGULATIONS

3.1 Claims

3.1.1 All claims for loss, damage or overcharge must be written and should be attached to the Bill of

Lading.

3.1.2 Claimant must notify carrier of all claims for concealed damage within 30 days of the move. Statewide Moving And Storage LLC must be given reasonable opportunity to inspect damaged items.

3.1.3 Although our movers will be careful with your possessions, from time to time damages may occur. If damages are caused by our service, Statewide Moving And Storage LLC reserves the right to repair the damage(s) in question. If we determine that damages cannot be repaired, we reserve the right to either replace or compensate (actual cash value) for the damage. If there is damage, notify Statewide Moving And Storage LLC immediately. They will complete a Damage Report before they leave your site. If you discover damage after the move, call the office within 30 days of your move. No damage claims will be honored until the charges for moving services are paid in full. You will be asked to sign a Release of Liability acknowledging this.

3.2 Computing Charges

Statewide Moving And Storage LLC rates are computed by multiplying the applicable hourly rate by the time as provided in Section 1.

3.3 Governing Publications

Statewide Moving And Storage LLC rates and charges are governed by the terms and conditions of this tariff, and the Rules and Regulations of the South Carolina Public Service Commission.

Date Proposed 8-11-14

Date Effective 9-10-14

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3.4 Items of Particular Value

Statewide Moving And Storage LLC does not assume any liability whatsoever for documents, currency, credit cards, jewelry, watches, precious stones or articles of

extraordinary value including accounts, bills, deeds, evidences of debt, securities, notes, postage stamps, stamp collections, trading stamps, revenue stamps, letters or packets of letters, alcoholic beverages, firearms, coin collections, articles of peculiarly inherent or intrinsic value, precious metals or articles manufactured there from. Statewide Moving And Storage LLC will not accept responsibility for safe delivery of such articles if they come into Statewide Moving And Storage LLC possession with or without Statewide Moving And Storage LLC knowledge.

3.5 Bill of Lading, Contract Terms, and Conditions

Each customer will be provided with a copy of Statewide Moving And Storage LLC Bill of Lading. The terms and conditions of the Bill of Lading, attached hereto, are hereby incorporated by reference.

3.6 Delays

Statewide Moving And Storage LLC shall not be liable for any delays in transporting household goods resulting from an act of God or fault or neglect of any unforeseen entities.

Date Proposed 8-11-14

Date Effective 9-10-14

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Statewide Moving And Storage LLC

SECTION 4

4.0 PROMOTIONS

Statewide Moving And Storage LLC shall apply the following promotions,
in a
uniform and nondiscriminatory fashion:

4.1 Military/Senior Citizens

A promotional rate of normal hourly service charges for moving, packing and unpacking items listed below will be applied for customers who are active duty military, disabled veterans, and senior citizens that provide proper proof of same. Extra chargeable items will follow rates in Section 2. 2.1. Moves will be conducted on a "straight time" basis, with a minimum hourly charge as set out in Section 1.2 plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Statewide Moving And Storage LLC office location, and the movers estimate return time to the office location. The hourly rates and charges are indicated below:

<u>Number of Movers</u>	<u>Hourly Rate</u>
Two Men and a Truck	\$85.50
Three Men and a Truck	\$114.00
Four Men and a Truck	\$133.00
Each Additional Man	\$19.00 per man/per hour

Date Proposed 8-11-14

Date Effective 9-10-14

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

IN CASE OF NEED
CONTACT

VEHICLE

B/L AND ORDER NO.

FMCSA (MC) NO.

CONNECTING OR INTERLINING
CARRIER (IF ANY)

ADDRESS

RECEIVED, subject to classification, tariffs, rules and regulations including all terms printed or stamped hereon or on the reverse side hereof in effect on the date of issue of this bill of lading

SHIPPER _____ DATE _____

CONSIGNEE TO _____

ADDRESS _____

ADDRESS _____

FLOOR _____ ELEV. _____ TEL. _____

FLOOR _____

ELEV. _____

TEL. _____

CITY _____ COUNTY _____ STATE _____

CITY _____

COUNTY _____

STATE _____

ACTUAL PICKUP DATE

AGREED PICKUP DATE

GUARANTEED PICKUP DATE

AGREED DELIVERY DATE

GUARANTEED DELIVERY DATE

SPECIAL SERVICES

☐ EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE _____☐ SHIPMENT COMPLETELY OCCUPIED A _____ CU. FT. VEHICLE☐ EXCLUSIVE USE OF A _____ CU. FT. VEHICLE ORDERED☐ SPACE RESERVATION _____ CU. FT. ORDERED

ORIGINAL WEIGHT REWEIGHT

Gross _____

Tare _____

Net _____

Min. Wt. _____

TRANSPORTATION

Contract No. _____

Tariff _____

Exception _____

Tariff Rate _____

SERVICES (when applicable)

CHARGES

Transportation FROM _____ TO _____

Origin/Destination Fee _____

Fuel Surcharge _____

Valuation _____

Containers, Packing & Unpacking _____

Storage-In-Transit at LOCATION _____

Date in _____ Date Out _____

SIT Pickup and Delivery _____

Extra Pickups or Deliveries No. _____ at _____

Extra Labor, Special Services or Waiting Time _____

Bulky Articles _____

Additional Weight Additives _____

Advanced Charges _____

Shuttle Service _____

Self-Storage/Mini-warehouse Pickups or Deliveries _____

Overtime Pickups or Deliveries _____

Other Additional Services _____

NOTIFICATION OF CHARGES

SHIPPER REQUESTS NOTIFICATION OF ACTUAL CHARGES TO _____

(C.O.D. SHIPPERS ONLY)

PARTY SHOWN BELOW ☐

NOTIFY _____

ADDRESS _____ TEL. _____

IN CASE OF DELAY, OR IF CHARGES EXCEED ESTIMATE BY MORE THAN 10%:

NOTIFY _____

ADDRESS _____ TEL. _____

BILLING INFORMATION

Payment in Cash or Certified Check, Money Order, Traveler's Check or Cashier's Check

BILL TO _____

P.O. BOX STREET _____

CITY, STATE, ZIP _____

ATTENTION _____

P.O./GBL NO. _____

INSURANCE: The shipper declares the actual cash value of the shipment to be \$ _____

Insurance Rate \$ _____ per hundred dollars, premium \$ _____

Signature _____

Notice: Carrier's tariffs, by this reference, are made a part of the bill of lading and may be inspected at carrier's facility, or, on request, carrier will furnish a copy of any tariff provision containing carrier's rates, rules or charges governing the shipment.

THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS

CUSTOMER'S DECLARATION OF VALUE

THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE

OPTION 1 - The Cost Estimate that you receive from your mover MUST INCLUDE Full (Replacement) Value Protection for the articles that are included in your shipment. If you wish to waive the Full (Replacement) Level of protection you must complete the WAIVER of Full (Replacement) Value Protection shown below.

Full (Replacement) Value Protection is the most comprehensive plan available for protection of your goods. If any article is lost, destroyed or damaged while in your mover's custody, your mover will, at its option, either: 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. Under Full (Replacement) Value Protection, if you do not declare a higher replacement value on this form prior to the time of shipment, the value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of \$6000. Under this option the cost of your move will be composed of a base rate, plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment.

If you wish to declare a higher value for your shipment than these default amounts, you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate.

The Total VALUE of my shipment is:

\$ _____ (to be provided by the Customer)

Dollar Estimate of the COST of your move at Full (Replacement) Value Protection:

\$ _____ (to be provided by Carrier)

THIS CARRIER DOES () DOES NOT () OFFER THE FOLLOWING DEDUCTIBLES:

Deductibles - You may also select one of the following deductible amounts under the Full (Replacement) Value level of liability that will apply for your shipment. (If you do not make a selection, the "No Deductible" level of full value protection that is included in your cost estimate will apply):

\$ _____ Deductible () (Customer's Initials) OR

\$ _____ Deductible () (Customer's Initials) OR

Dollar Estimate of the cost of your move with

\$ _____

Deductible: \$ _____ (to be provided by carrier)

THIS CARRIER DOES () DOES NOT () REQUIRE DECLARATION OF ARTICLE(S) OF

EXTRAORDINARY (UNUSUAL) VALUE:

Declaration of Article(s) of Extraordinary (Unusual) Value - I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of \$100 Per Article" that are included in my shipment and that I have given a copy of this inventory to the mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of \$100 per pound will be limited to \$100 per pound for each pound of such lost or damaged article(s) (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage may be made on the attached inventory.

X _____ (Customer's Signature)

(Date)

I acknowledge that for my shipment I have 1) ACCEPTED the Full (Replacement) Level of protection included in the cost estimate of charges and declared a higher Total Value of my shipment (if appropriate); and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

OR

OPTION 2 - WAIVER of Full (Replacement) Value Protection. This lower level of protection is provided at no additional cost beyond the base rate; however, it provides only minimal protection that is considerably less than the average value of household goods. Under this option, a claim for any article that may be lost, destroyed or damaged while in your mover's custody will be settled based on the weight of the individual article multiplied by 60 cents. For example, the settlement for an audio component valued at \$1000 that weighs 10 pounds would be \$600 (10 pounds times 60¢).

Dollar Estimate of the COST of your move under the 60-cents option:

\$ _____ (to be provided by Carrier)

COMPLETE THIS PART ONLY if you wish to WAIVE the Full (Replacement) Level of Protection included in the higher cost estimate provided (above) (on the prior page) for your shipment and instead select the LOWER Released Value of 60 Cents Per Pound Per Article; to do so you must initial and sign on the lines below -

I wish to Release My Shipment to a MAXIMUM VALUE of 60 Cents per Pound per Article _____ (Customer's Initials)

I acknowledge that for my shipment I have 1) WAIVED the Full (Replacement) Level of Protection for which I have received an estimate of charges; and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

X _____ (Customer's Signature)

(Date)

FULL AND CUSTOM CONTAINER SERVICE

FULL SERVICE CONTAINERS & PACKING UNPACKING

CUSTOM PACKING & UNPACKING SERVICE CONTAINERS & PACKING UNPACKING

Carton Description Quantity Quantity

Dishpicks

Cartons, less than 3 cft.

Cartons, 3 cft.

Cartons, 4.5 cft.

Cartons, 6 cft.

Cartons, 6.5 cft.

Wardrobe

Corrugated

Crib

Twin-Long

Double

Queen/King

Heavy Duty

Other

TOTAL CONTAINERS & PACKING TOTAL UNPACKING

TOTAL CHARGES CHARGE PREPAID C.O.D. X

ESTIMATED CHARGES MIN. VOLUME CHARGES

Maximum amount to be paid at time of delivery to obtain

delivery of an estimated C.O.D. shipment

BALANCE DUE Collected by

Prepayment Collected by

BALANCE DUE

DELIVERY ACKNOWLEDGMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION

EXCEPT AS NOTED ON INVENTORY AND SERVICES ORDERED WERE PERFORMED

SHIPPER'S SIGNATURE

CONSIGNEE

DATE

REC'D FOR STORAGE

WAREHOUSE

BY

WAREHOUSEMAN'S SIGNATURE

DATE